

1 Wages, tips, other compensation 2411.02		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 817-23-1756		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 01498778	
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. SAI VISHWANATH BANDAKAVI 2330 N.OLIVER #1222 WICHITA KS 67220			
f Employee's address and ZIP code		18 Local wages, tips, etc	
15 State KS	Employer's state ID 036561874931F01	19 Local income tax	
16 State wages, tips, etc. 2411.02		20 Locality name	
17 State income tax 47.18			
Form W-2 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Wage and Tax Statement 2021 Copy C for Employee's records			

1 Wages, tips, other compensation 2411.02		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 817-23-1756		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 01498778	
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. SAI VISHWANATH BANDAKAVI 2330 N.OLIVER #1222 WICHITA KS 67220			
f Employee's address and ZIP code		18 Local wages, tips, etc	
15 State KS	Employer's state ID 036561874931F01	19 Local income tax	
16 State wages, tips, etc. 2411.02		20 Locality name	
17 State income tax 47.18			
Form W-2 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Wage and Tax Statement 2021 Copy 2 To Be Filed With Employee's STATE Income Tax Return			

1 Wages, tips, other compensation 2411.02		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 817-23-1756		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 01498778	
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. SAI VISHWANATH BANDAKAVI 2330 N.OLIVER #1222 WICHITA KS 67220			
f Employee's address and ZIP code		18 Local wages, tips, etc	
15 State KS	Employer's state ID 036561874931F01	19 Local income tax	
16 State wages, tips, etc. 2411.02		20 Locality name	
17 State income tax 47.18			
Form W-2 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Wage and Tax Statement 2021 Copy B To Be Filed With Employee's FEDERAL Tax Return			

1 Wages, tips, other compensation 2411.02		2 Federal Income tax withheld	
3 Social security wages		4 Social security tax withheld	
5 Medicare wages and tips		6 Medicare tax withheld	
a Employee's SSA number 817-23-1756		Employer use only	
b Employer's FED ID number 56-1874931		d Control number 01498778	
c Employer's name, address, and ZIP code Compass Group USA, Inc. 2400 Yorkmont Rd Charlotte NC 28217			
REISSUED STATEMENT			
7 Social security tips		8 Allocated tips	
9		10 Dependent care benefits	
11 Nonqualified plans		12a See instructions for box 12	
13 Statutory Employee <input type="checkbox"/>	Retirement plan <input type="checkbox"/>	Third-Party Sick pay <input type="checkbox"/>	12b
14 Other		12c	
		12d	
e Employee's first name and initial Last name Suff. SAI VISHWANATH BANDAKAVI 2330 N.OLIVER #1222 WICHITA KS 67220			
f Employee's address and ZIP code		18 Local wages, tips, etc	
15 State KS	Employer's state ID 036561874931F01	19 Local income tax	
16 State wages, tips, etc. 2411.02		20 Locality name	
17 State income tax 47.18			
Form W-2 OMB. No. 1545-0008 Dept. of the Treasury - Internal Revenue Service Wage and Tax Statement 2021 Copy 2 To Be Filed With Employee's CITY or LOCAL Income Tax Return			